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Date: 11/14/2006  
From: Anton J. Bokal  
To: Commissioner for Patents  
Organization: U.S. Patent and Trademark Office  
Fax: (571) 273-8300  
Subject: Serial No.: 10/073,260

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PTO/SB/82 (01-08)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                 |
|------------------------|-----------------|
| Application Number     | 10/073,260      |
| Filing Date            | 2/13/2002       |
| First Named Inventor   | Domenica Simms  |
| Art Unit               | 1634            |
| Examiner Name          | Sarae L. Bausch |
| Attorney Docket Number | IVGN 261        |

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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

65482

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Anton J. Bokal, J.D., Ph.D.

Date

November 13, 2006

Telephone

(760) 476-6398

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/96 (12-05)

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**STATEMENT UNDER 37 CFR 3.73(b)****RECEIVED  
CENTRAL FAX CENTER**Applicant/Patent Owner: Simms, et al.Application No./Patent No./Control No.: 10/073,260 Filed/Issue Date: 2/13/2002**NOV 14 2006**Entitled: METHODS AND COMPOSITIONS FOR ISOLATION OF BIOLOGICAL MACROMOLECULESInvitrogen Corporation, a Corporation

(Name of Assignee)

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011901, Frame 0704, or a true copy of the original assignment is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

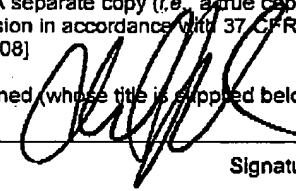
1. From: \_\_\_\_\_ To: \_\_\_\_\_  
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
\_\_\_\_\_  
Signature  
Anton J. Bokel, J.D., Ph.D.  
\_\_\_\_\_  
Printed or Typed Name  
\_\_\_\_\_  
In-House Counsel  
\_\_\_\_\_  
Title

\_\_\_\_\_  
November 14, 2006  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
(760) 476-6398  
\_\_\_\_\_  
Telephone Number

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